

***Saint Martin of Tours School***  
***695 East 182<sup>nd</sup> Street***  
***Bronx, NY 10457-1803***  
**TEL: 718-733-0347**

FCC  
Office of Secretary  
445 12<sup>th</sup> Street, SW  
12<sup>th</sup> Street Lobby, SW  
Washington, DC 20554

RECEIVED  
JUL 30 2001  
FCC MAIL ROOM

Dear Sir:

In the matter of: Request for Review by St. Martin of Tours School of Decision of Universal Service Administrator, I, the contact person and filer of FCC Forms 470 and 471, wish to appeal the USAC funding decision for Year 4 on behalf of the above named school and the students who attend.

In September 2000, as I was downloading and printing a hard copy of the FCC Form 470, I decided to download and print a hard copy of the FCC Form 471 so that I could begin to gather the necessary information. Unfortunately, FCC Form 471 – September 1999 was on the site (and, to date, still is). When dragging to locate the Form 471 for Year 4, I came to the September 1999 form first. I did not continue to drag any farther, presuming that it was being used again for Year 4 only to find out, when the USAC rejected it, that a new Form 471 was “under Construction” and was not ready to be downloaded until some time in October of 2000. If the September 1999 Form 471 had not still been on the site or if it had been disabled so that one could not download or print hard copy from it, I would have been forced to drag farther and would have discovered that a new one was “under construction”.

In early February 2001, I received notice from the USAC that because I had not used the October 2000 Form 471, I had not met "Minimum Processing Standards". I was advised that I could appeal to either the USAC or the FCC. I chose to appeal to the USAC.

I did so in February 2001 and submitted the October 2000 FCC Form 471 along with a copy of the September 1999 form, both of which I have enclosed. I have also enclosed a copy of their notification letter dated January 29, 2001.

1. 100 0

As you can see, the September 1999 form was identical to the October 2000 form except for Page 2 of 6 – Block 4 and page 3a of 6 – Block 4 – 10a. It is so similar that even the evaluator/s did not notice and initialed the pages as they were reviewed.

In July, I received another notice stating that we were being denied funding for Year 4 based on the fact that I “admitted” using the September 1999 form and that, because of this, I had not met “Minimum Processing Standards”.

I feel that I have met “Minimum Processing Standards” since all the information requested on the October 2000 OMB-approved FCC Form 471 was supplied on the September 1999 form which was submitted because I printed it from the site.

Now, I must appeal to you. I feel that it is not right to deny children the services requested based on the date on the bottom right hand corner of a form. If there were major omissions of requested information, I would understand. There were none. If I had not filed the original 471 on time, I would understand. I did file on time. If we were not a school in need, I would understand. We are in need. As you can see from our BEDS Report Fall 2000, a copy of which I have enclosed (which was never requested by the USAC in reviewing our application and appeal), we are a “ninety percent” school. Once again, I suggest that the USAC must bear some responsibility for the error in submitting the September 1999 form. Why was a form, which we were not to use, left on the site where it could be downloaded and, thus, mistaken for the correct form for Year 4? Also, am I to tell my students that honesty does NOT pay? The USAC suggests this when they stated that part of the reason for denial was that I had “admitted” submitting a September 1999 form.

Sir, I respectfully request that you reverse the decision of the USAC and approve our request for funding for Year 4.

Thanking you for your consideration in this matter, I am

Yours truly,



Sister Nora Mc Art  
E-Rate contact person

RECEIVED

JUL 30 2001

FCC MAIL ROOM

Cc USAC



Universal Service Administrative Company  
Schools & Libraries Division

---

Fund Year 4 FORM 471-REJECTION LETTER

January 29, 2001

**NORA MC ART  
ST. MARTIN OF TOURS SCHOOL  
695 EAST 182 STREET  
BRONX, NY 10457-1803**

**Re: Applicant's Form Identifier: SMTS 471  
Form 471 Application Number: 262800**

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12<sup>th</sup> Street Lobby, SW; Washington, D.C. 20554. . Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division  
Universal Service Administrative Company

Enclosure:

(1) Form 471

RECEIVED

JUL 30 2001

FCC MAIL ROOM

*Saint Martin of Tours School*  
*695 East 182nd Street*  
*Bronx, NY 10457-1803*  
*718-733-0347*

February 3, 2000

Letter of Appeal  
Schools and Libraries Division  
Box 125-Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

*Copies*  
*Feb 3, 2000*

Dear Sir/Madam:

Enclosed you will find a copy of the original 471 which I submitted to the SLD ( Entity Number 10516), a copy of the notification letter that I recently received, and a copy of the updated (October 2000) Form 471.

It seems that in my earnestness to do all paper work and submit it in a timely fashion, I made an error in downloading forms too early. The Form 471 that you have been unable to process because it is the "September 1999" form was downloaded by me from your site last Fall. Unfortunately, you were soon to update the form. Something that I did not realize when filing. If I was braver, I would have filed electronically and not had the problem.

I ask you to please review and process the Form 471 (October 2000 version) which I have enclosed since I have met all requirements as far as filing dates and information is concerned. I respectfully submit that this appeal be granted. As you can see by our eligibility percentage, we would not be able to afford these services without this funding putting our students at a serious disadvantage.

I can be reached at the above address and/or phone number if there are any further questions.

Hoping that I will soon hear that the new Form 471 has been accepted and processed, I am

Respectfully yours.

*Sister Nora Mc Art*

Sister Nora Mc Art

RECEIVED

JUL 3 0 2001

FCC MAIL ROOM

## Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing this form online)

Applicant's Form Identifier: SMTS 471

(Create your own code to identify THIS Form 471)

Form 471 Application #

(To be inserted by Fund Administrator)

### Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	<u>St. Martin of Tours School</u>		
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>	3	Entity Number (up to 10 digits)	<u>10516</u>
4a	Street Address, P.O. Box, or Route Number	<u>695 East 182 Street</u>		
	City <u>Bronx</u>	State <u>NY</u>	Zip Code <u>10452-1803</u>	
b	Telephone Number (10 digits + ext.) <u>(718) 733-0342</u> ext. <u>      </u>			
c	Fax Number (10 digits) <u>(718) 733-5122</u>			
d	E-mail Address (50 characters max.) <u>b250@adnysch.som.org</u>			
5	Type of Applicant			
	<input checked="" type="checkbox"/> Individual School	(individual public or non-public school)		
	<input type="checkbox"/> School District	(LEA; public or non-public (e.g., diocesan) local district representing multiple schools)		
	<input type="checkbox"/> Library	(including library system, library branch, or library consortium applying as a library)		
	<input type="checkbox"/> Consortium	(intermediate service agencies, states, state networks, special consortia)		
	<input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.			
6a	Contact Person's Name <u>St. Nora McAnt</u>			
	First, fill in <b>every</b> item of the Contact Person's information below that is different from Item 4, above.			
	Then check the box next to the preferred mode of contact. (At least one box <b>MUST</b> be checked.)			
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number			
	City	State	Zip Code	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	<u>( ) - - - - -</u> ext. <u>      </u>		
d	<input type="checkbox"/> Fax Number (10 digits)	<u>( ) - - - - -</u>		
e	<input type="checkbox"/> E-mail Address (50 characters max.)			
f	Holiday/vacation contact information (optional):			

### Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check **ONLY** if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: Funding Request Number: 

Minor modification requests can be filed **MANUALLY** only. Please see [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing instructions.

Entity Number 10516 Applicant's Form Identifier SMTS 471  
 Contact Person Sr. Nora Mc Art Phone Number 718. 733. 0347

### Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471 application. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served 250 b Number of library patrons to be served           

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	<u>1</u>	<u>1</u>
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?	<u>1</u>	<u>1</u>
g	Direct connections to the Internet: Highest speed before and after your order?	<u>DSL</u>	<u>DSL</u>
h	Internet access (for schools): How many rooms have Internet access before and after your order?	<u>14</u>	<u>14</u>
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	<u>44</u>	<u>50</u>
k	Other technology outcomes: (please specify):		

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

- ☒ If you are an individual school or a school district, use Worksheet A (page 3a)
- ☐ If you are a library (system and/or outlet), use Worksheet B (page 3b)
- ☐ If you are a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

RECEIVED  
JUL 30 2001  
MAIL ROOM

Entity Number <u>10516</u>	Applicant's Form Identifier <u>SMTS 471</u>
Contact Person <u>SA. NORA Mc ART</u>	Phone Number <u>718.733.0347</u>

## Block 4: Discount Calculation Worksheet A for Individual Schools/School Districts

Worksheet # A  
Page  
of

**Instructions:** Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

**10a Check only one:**

- ☒ **Applying ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- ☐ **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):**  
Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- ☐ **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):**  
Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

**10b List entities and calculate discount(s).**

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col 5 ÷ Col 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col 4 x Col 7)
St. Martin of Tours	10516	U	250	226	90%	90%	225
District Totals for calculating Weighted Average Discount			250				225

**10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)** →

Entity Number <u>10516</u>	Applicant's Form Identifier <u>SMTS 471</u>
Contact Person <u>Sr. Nora Mc Art</u>	Phone Number <u>718. 733. 0347</u>

## Block 5: Discount Funding Request(s)

Block 5, page 1 of 3

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>16 Billing Account Number</b> (e.g., billed telephone number) <u>718. 733. 0347</u>
<b>12 Form 470 Application Number</b> (15 digits) <u>538620000306969</u>	<b>17 Allowable Contract Date</b> (mm/dd/yyyy, based on Form 470 filing)
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <u>143001359</u>	<b>18 Contract Award Date</b> (mm/dd/yyyy)
<b>14 Service Provider Name</b> <u>Verizon</u>	<b>19 Service Start Date</b> (mm/dd/yyyy) <u>07/01/2001</u>
	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2002</u>
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # _____	
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>10516</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____	

23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$210.00	0	\$210.00	12	\$2520.00			0	\$2520.00	90%	\$2268.00



Entity Number	10516	Applicant's Form Identifier	SMTS 471
Contact Person	Sr. Nora Mc Art	Phone Number	718-733-0347

## Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available, use "I" if tariffed services, "MIM" if month-to-month services as described in Instructions) <u>SMTS 2001Y4</u>
12 Form 470 Application Number (15 digits) <u>538620000306969</u>	16 Billing Account Number (e.g., billed telephone number) <u>SMTS 4</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143020363</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12/09/2000</u>
14 Service Provider Name <u>EduTech Computer Services</u>	18 Contract Award Date (mm/dd/yyyy) <u>01/04/2001</u>
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2002</u>
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1 (PY 4 SMTS)</u>	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>10516</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____	

23 Calculations					Recurring Charges			One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is Ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)			
					49177.00	0	49177.00	49177.00	90%	44259.00			

Entity Number	10516	Applicant's Form Identifier	SATS 471
Contact Person	Sp. Nora Mc Art	Phone Number	718. 733. 0347

# Block 5: Discount Funding Request(s)

Block 5, page 3 of 3

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "I" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM
12 Form 470 Application Number (15 digits) 538620000306969	16 Billing Account Number (e.g., billed telephone number)
13 SPIN - Service Provider Identification Number (9 digits) 143007273	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12/04/2000
14 Service Provider Name LI Computer Outlet, Inc.	18 Contract Award Date (mm/dd/yyyy) 01/04/2001
	19 Service Start Date (mm/dd/yyyy) 07/01/2001
	20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 2	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 10516 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):	

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$750.00	0	\$750.00	12	\$9000.00				\$9000.00	90%	\$8100.00

RECEIVED  
JUL 30 2001  
FCC MAIL ROOM

ATTACHMENT # 1

EDUTECH COMPUTER SERVICES

SLD FUND

ATTACHMENT#PY+SMTS

CONTRACT #SMTS2001Y4

ENTITY # 10516

## SAINT MARTIN OF TOURS SCHOOL

SLD YEAR 4 FUNDING  
Edutech Computer Services  
Spin # 143020363

### PRODUCTS/SERVICES AND COSTS

ITEMIZED BELOW, are the products and services offered for contract with Saint Martin of Tours School for SLD Fund Year 2001-2002.

QTY	PART NO	PRODUCT/SERVICE	UNIT COST	EXTENSION
2	P1738A/P116A/ D6098A	HP Netserver LP3 300mhz/1GB/128GB	5614.00	11228.00
2		MS NT OS w/ 400 User License	2650.00	5300.00
2	INSTSRVR	Server Install and Configuration	500.00	1000.00
10	EF2824	Linksys Etherfast II 24Port Switch	700.00	7000.00
10	INSTNET	Switch Installation and Configuration	120.00	1200.00
1	395-01800	Microsoft Exchange Server 2000 Enterprise W/300 User License	2325.00	2325.00
1	INSTEML	Email Installation and Configuration	550.00	550.00
30	INSTCAT5	CAT 5 Network Cable Run/Core Drill/Molding/Termination/Testing	215.00	6450.00
1	MNTNET	Network Maintenance	12800.00	12800.00
		TOTAL		49177.00

■ EduTech Computer Services SPIN #143020363

# Attachment #2

Long Island Computer Outlet, Inc.  
135 Denton Avenue  
New Hyde Park, NY 11040

ENTITY # 10516

## Internet Access

Quantity	Unit	Features	Unit Price	Total Price
1	Monthly DSL Fee - 1.1Mbps Symmetrical Connection	DSL Line Charges, includes local loop, termination equipment at provider, circuit support and maintenance	\$750.00	\$750.00
1	School Web Site	School Homepage which introduces the school and its identity	Included	\$0.00
1	Domain Name	The registration and use of your personalized domain name - "www.yourschool.org"	Included	\$0.00
1	Automated Monitoring and Remote Support	Your Internet Connection is monitored constantly, and can be configured and supported remotely	Included	\$0.00
1	Content Filtering	Constantly updated web content filter ensures safe browsing for students	Included	\$0.00
1	Technical Support	Telephone and On-site support for internet access issues	Included	\$0.00
1	Web Server	Web Site hosting on your own Web Server	Included	\$0.00
1	E-Mail Service	Unlimited E-mail addresses on your own E-Mail server	Included	\$0.00
1	Web Access E-mail	Access e-mail accounts, calendar, contacts and more from any computer with a web browser - anywhere in the world.	Included	\$0.00
Total Monthly Fee for Internet Access:				\$750.00

## Block 6: Certifications and Signature

- 24 The applicant is eligible for support because it includes: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The schools and libraries I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
  - b ☐ higher-level technology plan(s) for using the services requested in this application; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved.
  - b ☐ technology plan(s) will be approved by a state or other authorized body.
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature <u>Sr. Cecilia Mc Carthy</u>	35 Date <u>01/12/01</u>
36 Printed name of authorized person <u>Sr. M. Cecilia Mc Carthy</u>	
37 Title or position of authorized person <u>Principal</u>	
38 Telephone number of authorized person: <u>(718) 733-0347</u> ext. <u>----</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	



## Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See [www.sluniversalservice.org](http://www.sluniversalservice.org) for filing this form online)

Applicant's Form Identifier: SMTS 471

(Create your own code to identify THIS Form 471)

Form 471 Application #: \_\_\_\_\_

(To be inserted by Fund Administrator)

### Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.) <u>St. Martin of Tours School</u>	
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>	3 Entity Number (up to 10 digits) <u>10516</u>
4a	Street Address, P.O. Box. <u>695 East 182 Street</u>	
	or Route Number _____	
	City <u>BADON</u>	State <u>NY</u> Zip Code <u>10457-1803</u>
b	Telephone Number (10 digits + ext.) <u>(718) 733-0347 ext. _____</u>	
c	Fax Number (10 digits) <u>(718) 733-5142</u>	
d	E-mail Address (50 characters max.) <u>b250@adnysch.org</u>	
5	Type of Application <input checked="" type="checkbox"/> School (public or non-public school) <input type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.	

6a	Contact Person's Name <u>Sister Nora Mc Art</u>	
	First, fill in <b>every</b> item of the Contact Person's information below that is different from item 4, above.	
	Then check the box next to the preferred mode of contact. (At least one box <b>MUST</b> be checked.)	
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number _____ City _____ State _____ Zip Code _____	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.) ( ) - - - - - ext. _____	
d	<input type="checkbox"/> Fax Number (10 digits) ( ) - - - - -	
e	<input type="checkbox"/> E-mail Address (50 characters max.) _____	
f	Holiday/vacation/summer contact information: _____	

### Block 2: Minor Modification to Existing Contract?

7	<input type="checkbox"/> Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below. attach a Description of Services highlighting the modified service, and sign Block 6. Form 471 Application #: _____ Funding Request Number: _____
Minor modification requests can be filed MANUALLY only. Please see <a href="http://www.sluniversalservice.org">www.sluniversalservice.org</a> for filing instructions.	

Entity Number <u>10516</u> Contact Person <u>Sister Nora McArt</u>	Applicant's Form Identifier <u>SMTS 471</u> Phone Number <u>718. 733. 0347</u>
---	---

### Block 3: Impact of Services Ordered in THIS Application

**8** Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

**a** Number of students to be served 250 **b** Number of library patrons to be served

**9** The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
<b>a</b>	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	1	1
<b>b</b>	High-bandwidth voice/data/video service: How many buildings served before and after your order?		
<b>c</b>	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
<b>d</b>	Dial-up Internet connections: How many before and after your order?		
<b>e</b>	Dial-up Internet connections: Highest speed before and after your order?		
<b>f</b>	Direct connections to the Internet: How many before and after your order?	1	1
<b>g</b>	Direct connections to the Internet: Highest speed before and after your order?	DSL	DSL
<b>h</b>	Internet access (for schools): How many rooms have Internet access before and after your order?	14	14
<b>i</b>	Internet access (for libraries): How many buildings have Internet access before and after your order?		
<b>j</b>	Internet access: How many computers (or other devices) with Internet access before and after your order?	44	58
<b>k</b>	Other technology outcomes: (please specify):		

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



Entity Number <u>10516</u>	Applicant's Form Identifier <u>SMTS 471</u>
Contact Person <u>Sister Nora Mc Act</u>	Phone Number <u>718. 733. 0347</u>

## Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**Instructions:** If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

**10a If you are:**

- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):** Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

**10b List entities and calculate discount(s).**

School District Name: \_\_\_\_\_

School District Entity Number: \_\_\_\_\_

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
St. Martin of Tours	10516	U	250	226	90%	90%	225
Totals for calculating Weighted Average Discount			250				225

**10c Weighted Average Discount % for Shared Services** (Col. 8 total divided by Col. 4 total. Round to nearest %)



Entity Number <u>10516</u>	Applicant's Form Identifier <u>SMTS 471</u>
Contact Person <u>Sister Nora Mc Art</u>	Phone Number <u>718. 733. 0347</u>

## Block 5: Discount Funding Request(s)

Block 5, page 1 of 3

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u> <b>16 Billing Account Number</b> (e.g., billed telephone number) <u>718. 733. 0347</u>
<b>12 Form 470 Application Number</b> (15 digits) <u>538620000306969</u>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) _____
<b>13 SPIN - Service Provider Identification Number</b> (9 digits)  <u>14 3001359</u>	<b>18 Contract Award Date</b> (mm/dd/yyyy) _____ <b>19a Service Start Date</b> (mm/dd/yyyy) <u>07/01/2001</u> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2002</u>
<b>14 Service Provider Name</b> <u>Verizon</u>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) _____

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # \_\_\_\_\_

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 10516

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$210.00	0	\$210.00	12	\$2520.00			0	\$2520.00	90%	\$2268.00

Entity Number <u>10516</u>	Applicant's Form Identifier <u>SMTS 471</u>
Contact Person <u>Sister Nora Mc Art</u>	Phone Number <u>718. 733. 0347</u>

  

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 3

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>SMTS 2001Y4</u>
<b>12 Form 470 Application Number</b> (15 digits) <u>538620000306969</u>	<b>16 Billing Account Number</b> (e.g., billed telephone number) <u>SMTS 4</u>
<b>13 SPIN - Service Provider</b> <b>Identification Number</b> (9 digits) <u>143020363</u>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <u>12/09/2000</u>
<b>14 Service Provider Name</b> <u>EduTech Computer Services</u>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <u>01/04/2001</u>
	<b>19a Service Start Date</b> (mm/dd/yyyy) <u>07/01/2001</u>
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services)
	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2002</u>

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # 1 (PY4 SMTS)

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 10516

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)
				0	49177. <sup>00</sup>	0	49177. <sup>00</sup>	49177. <sup>00</sup>	90%	44259. <sup>00</sup>

RECEIVED  
JUL 30 2001  
FCC MAIL ROOM

Entity Number 10516 Applicant's Form Identifier SMTS 471  
 Contact Person Sister Nora Mc Art Phone Number 718. 733. 0347

## Block 5: Discount Funding Request(s)

Block 5, page 3 of 3

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <u>MTM</u>
12 Form 470 Application Number (15 digits) <u>538620000306868</u>	16 Billing Account Number (e.g., billed telephone number)
13 SPIN - Service Provider Identification Number (9 digits) <u>143007273</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/09/2000</u>
	18 Contract Award Date (mm/dd/yyyy) <u>01/04/2001</u>
	19a Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name <u>LI Computer Outlet, Inc.</u>	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2002</u>

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # 2

22 Entity/Entities Receiving This Service:  
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 10516  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is Ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is Ineligible?	Annual eligible pre-discount \$ amount for one time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)			
<u>\$750.00</u>	<u>0</u>	<u>\$750.00</u>	<u>12</u>	<u>\$9000.00</u>			<u>0</u>	<u>\$9000.00</u>	<u>90%</u>	<u>\$8100.00</u>			

ATTACHMENT # 1

EDUTECH COMPUTER SERVICES

SLD FUND

ENTITY # 10516

ATTACHMENT # PY4SMTS

CONTRACT # SMTS2001Y4

## SAINT MARTIN OF TOURS SCHOOL

SLD YEAR 4 FUNDING  
EduTech Computer Services  
Spin # 143020363

### PRODUCTS/SERVICES AND COSTS

ITEMIZED BELOW are the products and services offered for contract with Saint Martin of Tours School for SLD Fund Year 2001-2002.

QTY	PART NO	PRODUCT/SERVICE	UNIT COST	EXTENSION
2	P1738A/P116A/ D6098A	HP Netserver LP3 800mhz/12GB/128GB	5816.00	11632.00
2		MS NT OS w/ 400 User License	2850.00	5700.00
2	INSTSRVR	Server Install and Configuration	500.00	1000.00
10	EF2S24	Linksys Etherfast II 24Port Switch	700.00	7000.00
10	INSTNET	Switch Installation and Configuration	120.00	1200.00
1	395-01800	Microsoft Exchange Server 2000 Enterprise W/300 User License	2325.00	2325.00
1	INSTEML	Email Installation and Configuration	550.00	550.00
30	INSTCATE	CAT 5 Network Cable Run/Core Drill/Molding/Termination/Testing	215.00	6450.00
1	MNTNET	Network Maintenance	12800.00	12800.00
		TOTAL		49177.00

■ EduTech Computer Services SPIN #143020363

## Attachment # 2

ENTITY # 10516

Long Island Computer Outlet, Inc.  
 135 Denton Avenue  
 New Hyde Park, NY 11040

**Internet Access**

Quantity	Unit	Features	Unit Price	Total Price
1	Monthly DSL Fee - 1.1Mbps Symmetrical Connection	DSL Line Charges, includes local loop, termination equipment at provider, circuit support and maintenance	\$750.00	\$750.00
1	School Web Site	School Homepage which introduces the school and its identity	Included	\$0.00
1	Domain Name	The registration and use of your personalized domain name - "www.yourschool.org"	Included	\$0.00
1	Automated Monitoring and Remote Support	Your Internet Connection is monitored constantly, and can be configured and supported remotely	Included	\$0.00
1	Content Filtering	Constantly updated web content filter ensures safe browsing for students	Included	\$0.00
1	Technical Support	Telephone and On-site support for internet access issues	Included	\$0.00
1	Web Server	Web Site hosting on your own Web Server	Included	\$0.00
1	E-Mail Service	Unlimited E-mail addresses on your own E-Mail server	Included	\$0.00
1	Web Access E-mail	Access e-mail accounts, calendar, contacts and more from any computer with a web browser - anywhere in the world.	Included	\$0.00
Total Monthly Fee for Internet Access:				\$750.00

Entity Number 10516 Applicant's Form Identifier SMTS 471  
 Contact Person Sister Nora McArt Phone Number 718-733-0347

## Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
  - b ☐ higher-level technology plan(s) for using the services requested in this application; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved; and/or
  - b ☐ technology plan(s) will be approved by a state or other authorized body; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person <u>Sister Cecilia Mc Carthy</u>	35 Date <u>ORIGINAL Date 01/12/01</u>
36 Printed name of authorized person <u>Sister Cecilia Mc Carthy</u>	
37 Title or position of authorized person <u>Principal</u>	
38 Telephone number of authorized person: <u>(718) 733-0347 ext.</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	



Universal Service Administrative Company  
Schools & Libraries Division

---

**Administrator's Decision on Appeal - Funding Year 2001-2002**

July 13, 2001

Sister Nora Mc Art  
Saint Martin of Tours School  
695 East 182<sup>nd</sup> Street  
Bronx, NY 10457-1803

Re: Billed Entity Number: 10516  
471 Application Number: 262800  
Funding Request Number(s): 3 not assigned  
Your Correspondence Dated: February 3, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number: 3 not assigned  
Decision on Appeal: **Denied in full**  
Explanation:

- You admitted that the submitted form was not the one approved for Funding Year 4. You stated that the September 1999 form was downloaded by you last fall. You concluded by stating you have submitted the corrected forms in the hope that SLD will grant your appeal, because the school will not be able to afford the requested services without SLD funding.
- After thorough review of your appeal, it was determined from the Form 471 application submitted that the incorrect OMB-approved FCC Form 471 has been used in Funding Year Four. The lower right hand corner of this form shows September 1999 instead of October 2000. This is the reason the application was rejected for Minimum Processing Standards in Year 4. According to program rules the Form 471 is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since the Form 471 was not the correct OMB-

RECEIVED  
JUL 30 2001  
FCC MAIL ROOM



approved FCC Form 471 for Funding Year 4 (dated October 2000 in the lower right hand corner of the form) it was returned in accordance with program rules. The Form 471 submitted with your appeal was not postmarked prior to January 18<sup>th</sup>, 2001, and is therefore outside the original Funding Window. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <[www.universalservice.org](http://www.universalservice.org)>. **You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.**

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division  
Universal Service Administrative Company

# BASIC EDUCATIONAL DATA SYSTEM (BEDS)

## REPORT OF NONPUBLIC SCHOOLS

AND

SCHOOLS OPERATED BY STATE

AND OTHER PUBLIC AGENCIES \*

### FALL 2000

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

32-10-00-14-0042

ST MARTIN OF TOURS SCHOOL  
370-PRINCIPAL-GR MARY CECILIA MCCARTHY  
395 E 102ND ST  
BRONX N Y 10457

Please correct above information, if necessary

#### PERSON COMPLETING THIS FORM

Name

Em Cecelia Mc Carthy

Title

Principal

Phone

718 722-8347  
Area Code Number

Fax number

718 722-5142  
Area Code Number

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Information, Reporting and Technology Services  
Albany, New York 12234

\*Includes schools operated by Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Department of Correctional Services, Division for Youth, State University of New York, City University of New York, and the State Education Department.

## 8. DISTRIBUTION OF GRADUATES

If this school had a twelfth grade last year, enter below the distribution of the graduates from September 1, 1999 to August 31, 2000. Do not include High School Equivalency Diploma recipients or IEP Diploma or Certificate recipients.

Racial/Ethnic Group	Number to Postsecondary in New York State			Number to Postsecondary Outside New York State			Number To Employment	Number To Military Service	Other	Total Graduates
	4-Year College	2-Year College	Other Post-Secondary	4-Year College	2-Year College	Other Post-Secondary				
American Indian or Alaskan Native										
Black (not Hispanic origin)										
Asian or Pacific Islander										
Hispanic										
White (not Hispanic origin)										
Total Graduates										

## 9. STUDENTS ENROLLED LAST YEAR

For the highest grade in this school, report the number of students who were also enrolled in this school last year. (Report N.A. if this is a new school, contains only one grade, the highest grade is kindergarten or this school primarily serves students with disabilities.)

20

## 10. ENGLISH LANGUAGE LEARNERS (Formerly LEPS)

Does this school have students who are English Language Learners? Yes ☐ No ☒

If Yes, enter the number of students by grade range.

Pre-K K-6 7-12

--	--	--

## 11. DROPOUTS

Report the number of students in grades 7-12 who dropped out between July 1, 1999 and June 30, 2000.

0

## 12. FREE AND REDUCED - PRICE LUNCH

A. Does this school participate in a free and/or reduced-price lunch program? Yes ☒ No ☐

B. If Yes, for students enrolled in this school, enter by enrollment level the number of approved applicants for free and reduced-price lunches.

	Pre-K	K-6*	7-12**
FREE		158	26
REDUCED		33	9

C. If this school has a free and/or reduced-price lunch program, is the program available to half-day kindergarten students? Yes ☐ No ☐

\* Including ungraded elementary. \*\* Including ungraded secondary.